



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
MORRIS	GEORGE "RED"	A.	808-531-4551
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808-533-4601
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
CAPITOL CONSULTANTS OF HAWAII, LLP			808/531-4551
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813-2453	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE 808-677-7999
CLINICAL LABORATORIES OF HAWAII, LLP		
MAILING ADDRESS (Street)		FAX 808-677-7990
91-2135 FORT WEAVER ROAD, #300		
(City)	(State)	(Zip Code)
EWA BEACH	HI	96706
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE 808-531-4551

RECEIVED BY U.S. MAIL

(City)	(State)	(Zip Code)
HONOLULU	HI	96813-2453

### PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

### PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

### PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
MOON S. PARK, M.D.	CHAIRMAN AND CHIEF EXECUTIVE OFFICER		
NAME OF ORGANIZATION (if applicable)	TELEPHONE 808-677-7999		
CLINICAL LABORATORIES OF HAWAII, LLP			
MAILING ADDRESS (Street)	FAX 808-677-7990		
91-2135 FORT WEAVER ROAD, #300			
(City)	(State)	(Zip Code)	
EWA BEACH	HI	96706	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
(Signature of Authorizing Officer or Person Represented)			(Date)